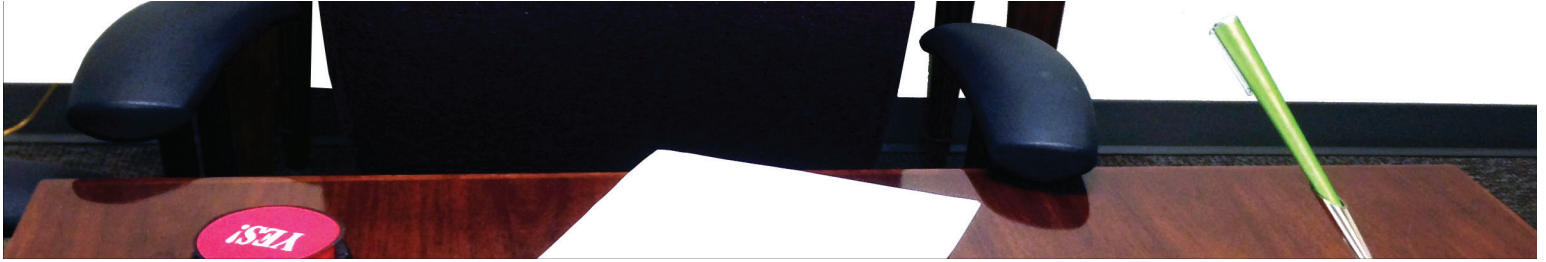


arkansas credit reserve



program guidelines



900 West Capitol, Suite 310
Little Rock, AR 72201
501.682.5900

arkansas credit reserve loan registration form

lender information

Lender Name _____

Contact Person _____

Branch Location _____

Telephone Number _____

borrower information

Borrower Name _____

Borrower Address _____

City, State, Zip _____

Lender's Loan Number _____

Business Description _____

Is business a start-up?

☐ Yes

☐ No

Is business woman or minority owned?

☐ Yes

☐ No

Does business sell environmentally sustainable products or services?

☐ Yes _____

(please explain)

☐ No

Business Legal Structure

(example C Corp)

Age of Business: _____

Current Annual Sales: \$ _____

Current Employment:

Full Time _____

Part Time _____

Estimated Annual Wage of New Jobs:

Full Time _____

loan information

Loan Amount: \$ _____

Use of Proceeds: _____

Is the loan an increase to an existing ACR loan?

☐ Yes

☐ No

Date of Promissory Note: _____

Fee Assessed to Borrower: \$ _____

Loan Note Interest Rate: _____

Loan Term: _____
(years)

authorization

Lender Signature

Name

Title

Date



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arkansas credit reserve annual reporting form

lender information

Lender Name: _____

Contact Person: _____

borrowers information

				current number of employees	
	borrower name	current loan balance	current annual sales	full time	part time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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28					
29					
30					
31					



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501.682.5900

arkansas credit reserve borrower notice & waiver

This notice is provided to borrowers who may receive a loan from a lender under the Arkansas Credit Reserve Program of the Arkansas Development Finance Authority (the "Authority").

The purpose of this program is to assist lenders to make loans to borrowers that might otherwise not qualify for a bank loan. The program utilizes a special loss reserve (the "ACR Account") to assist the lender in covering losses from a portfolio of loans that a lender makes under the program. The borrower pays a premium charge to the ACR Account, which is matched by a payment from the Authority.

It is important to emphasize that the loan is a private transaction between the lender and the borrower. While the program may assist a lender in being able to take more risk than normal, the lender is still bearing the risk of the loan. The Authority is not a party to the loan and plays no role at all in the lender's decision regarding whether or not to make the loan, or in setting the interest rate, fees, duration, or any other terms or conditions of the loan. The lender's rights and remedies are delineated in the loan contract and in applicable law. The Authority plays no role in any decision by the lender with respect to enforcing the lender's rights under the loan contract.

While the program is intended to assist the lender in providing the borrower with access to bank financing, it is likely to be more expensive for the borrower than would be the case with a conventional loan because the borrower is required to make a payment to the ACR Account.

The borrower acknowledges receipt of this Borrower Notice and Waiver and hereby represents and warrants that it has no, and has not been promised or told by anyone that it has any, legal, beneficial, or equitable interest in the aforementioned non-refundable premium charges or any other funds credited to the ACR Account, and hereby waives any right, claim, or interest to any and all such funds paid or credited to the ACR Account from time to time.

Is the business greater than 50% minority owned?

☐ Yes ☐ No

Is this business greater than 50% woman owned?

☐ Yes ☐ No

authorization

Print Name of Borrower

Signature

Date



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arkansas credit reserve claim form

lender information

Please attach internal documentation validating the claim amount

Lender Name: _____

Contact Name: _____

Telephone Number: _____

borrower information

Borrower Name: _____

Borrower Address: _____

City, State, Zip: _____

Lender's Loan Number: _____

Outstanding Balance of Loan: \$ _____
(Immediately prior to charge off)

amount of claim

Principal: \$ _____

Accrued Interest: _____

Documented Out-of-Pocket Expenses: \$ _____

Total Claim: \$ _____

Total Amount of Claim not to exceed Original Principal Amount Registered

Authorized Signature of Lender

Date

Print Name and Title

lender's officer attesting to authenticity of claim

Signature

Date

Print Name and Title